STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Commonwealth of Puerto Rico

Methods and Standards for Establishing Payment Rates for each of the other Types of Care or Services

- 1a. Outpatient hospital services: Reasonable cost as specified in federal Reg. 250.30 (B) (3) (ii). There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.
- 1b. Rural Health Clinics:

"Provider clinics" will be reimbursed on the basis of the principles specified in the Medicare regulations located at 42-CFR-405 Part D.

"Non-provider clinics" will be paid for each ambulatory service, other than rural health clinic services, at rates or charges established by the State, subject to the upper limits specific in 42-CFR-447.321. Rural health clinic services will be paid at the Medicare reimbursement rate per visit, as specified in 42-CFR-405-2426, - 405-2429.

- -These will be reimbursed based upon the principles specified in the Medicare regulations at 42 CFR 405.
- 2. Other laboratory and X-ray services-

Reimbursement on basis of an all-inclusive out-patient hospital or clinic rates.

3. Skilled nursing home services-

Limited to services provided in public facilities. No FFP presently claimed for these services.

- 4. Physicians' Services
 - a) Physicians and other practitioners on salary in clinics and other organized systems-Actual cost included in the clinic fee.
 - b) Private practitioners: will be paid according to a standard fee regulated by the Secretary of Health.
- 5. Dental Services-

Limited to services provided in public facilities including contract facilities. Reimbursement as part of an all inclusive out-patient hospital or clinic rate.

6. Prescribed drugs and medical supplies-

90-2

SEP 0 7 1990

Reimbursement on basis of an all inclusive out-patient hospital or clinic rate.

7. Clinic Services

Reasonable cost as specified in Federal Reg. 250.30 (B) (3) (ii). There is an all inclusive rate for services provided in governmental medical installations including contract facilities.

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ATTACHMENT 4.19 B Page 1b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: COMMONWEALTH OF PUERTO RICO

Payment Rates for Obstetrical and Pediatric Services are in accord with Section 6402 of the Omnibus Budget Reconciliation Act of 1989. (P.L. 101-239)

All Medicaid services are furnished through public facilities, and all public facilities furnish services. There are no true fee-for service payment rates. However, obstetrical and pediatric services (furnished through the public system) are available to Medicaid recipients to the same extent that they are available to the general population.

TN 90-2 Supersedes TN NEW Approval Date SEP 0 7 1990 Effective Date APR 0 1 1990 8. Family Planning Services-

No reimbursement with FFP

 Early and Periodic Screening, Diagnosis, and Treatment of Conditions Found-

Reimbursement either as out-patient clinic or inpatient hospital services on the basis of an all inclusive rate, except for screening services for which no FFP is presently claimed.

11. Transportation

Ambulance provided and reimbursed as part of all inclusive rate. Other, provided but not reimbursed with FFP.

12. Home Health Services-

No reimbursement with FFP.

13a. Physical Therapy and related services

Limited to services provided in certain public facilities including contract facilities.

Reimbursement on basis of all inclusive outpatient or clinic rate.

13b. Occupational therapy

Limited to services provided in certain public facilities including contract facilities.

Reimbursement on the basis of all inclusive outpatient or clinic rate.

13c. Speech, hearing, and related services-

Limited to services provided in certain public facilities including contract facilities.

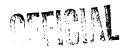
Reimbursement on the basis of an all inclusive outpatient or clinic rate.

14. Other diagnostic, etc.-

Limited to services provided in public facilities including contract facilities. Reimbursement on basis of all inclusive outpatient or clinic rate.

TN#84-3 Supersedes TN #84-8 approval date MAY 24 1985

effective date oct 1 1984



15. Emergency Hospital Services-

Limited to services provided on an outpatient basis in public facilities including contract facilities. Reimbursement on basis of all inclusive outpatient or clinic rate.



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Revision:	HCFA-PM-91- 4 AUGUST1991	(BPD)	Supplement Page 1 OMB No.: 09	1 to ATTACHMENT	C 4.19-B
	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL	SECURITY ACT	
	State/Territory:	_Puerto_R	ico		
	METHODS AND STANI	DARDS FOR EST	ABLISHING PAY	YMENT RATES -	
:	Payment of Medicar	re Part A and	Part B Deduc	ctible/Coinsura	ince
4.	cept for a nomina. 18 of this State p llowing general me	plan), if app	licable, the	specified in A Medicaid agend	attachment cy uses the
1.	Payments are limit for the groups an letters "SP".	ited to State nd payments 1	plan rates a isted below a	and payment met and designated	hodologies with the
	For specific Med this State plan, unless a special this attachment	the Medicaid rate or meth	agency uses od is set out	Medicare payme	nt rates
2.	Payments are up to groups and payment "MR."	to the full and the listed be	mount of the low, and desi	Medicare rate ignated with th	for the le letters
3.	Payments are up to special method, of for those groups letters "NR".	described on :	Page 3 in ite	em of this	attachment,
4.	Any exceptions to payment are special. above).	o the general Ified on Page	methods used 3 in item	i for a particu of this atta	lar group on chment (see
	Not Applicable	•			

Approval Date APR 8 1992 Effective Date JUL : 1 1991

HCFA ID: 7982E

TN No. Superseder TN No.



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AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A Deductibles Coinsurance Part B Deductibles Coinsurance
Other Medicaid	Part A Deductibles Coinsurance
Recipients	Part B Deductibles Coinsurance
Dual Eligible	Part A Deductibles Coinsurance
(QMB Plus)	Part B Deductibles Coinsurance

Not Applicable

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AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Not Applicable

TN No. Supersed Approval Date

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